

CANDIDATE COMMITTEE COVER PAGE



FOR OFFICIAL USE ONLY

| Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. | भैं This Statement c | overs From: 3 04 to 3 05 | | |
|--|---|--|--|--|
| 1. Committee I.D. Number 00 136866 | 4. Candidate Last Name HORTON First Name Chan UBS M.I. D | | | |
| 2. Committee Name Committee To BLECT has the | 4a. Office Sought In TRUS 4b. County of Resid | ncluding District # or Community Served (If applicable) TSB dence MACOMB | | |
| 5. Committee's Mailing Address Area Code and Phone Substitution of Statement of Organization, mail may be sent to this address by the filing official. | 6. Treasurer's Name & Residential Address S 11 S P B B D W A W 483 17 E h B L B Y T W M 483 17 Area Code & Phone (584 255 7573 | | | |
| 7. Treasurer's Business Address | Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) | | | |
| Area Code and Phone () SAME | Area Code and Phone () SpME | | | |
| 9. TYPE OF STATEMENT | | 9c. Annual Statement (2004Coverage Year) | | |
| 9a. 🗌 Pre-Election OR 9b. 🗌 Post-Election | | 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) | | |
| Pre-Election or Post-Election Statement relates to: | | 9e. Dissolution of Candidate Committee | | |
| ☐ Primary ☐ General ☐ School | | Effective Date of Dissolution | | |
| Date of Election, Convention or Caucus Month Day Year | | Month Day Year By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. | | |
| A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived. | | | | |
| 10. Verification: IWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete. | | | | |
| Current Treasurer or Designated Record keeper Chan LGS Hen Jew Date Date Mo Day Year Candidate Date Mo Day Year Candidate Mo Day Year Date Mo Day Year Candidate Mo Day Year Candida | | | | |
| Candidate Chan Las HorTon | Signatu | Date 1 31 05 Mo Day Year | | |

Authority granted under P.A. 388 of 1976



1. Committee I.D. Number 00/36866
2. Committee Name Cammittee To BUST CHARLES

HORTON

SUMMARY PAGE

| CANDIDATE COMMITTEE | | Column II |
|---|-----------------------------|--------------------------------|
| RECEIPTS | Column I This Period | Cumulative this election cycle |
| | D | |
| 3. Itemized Contributions (Schedule 1A - Column 6) | (3.) \$ | (18.) \$ |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ | (19.) \$ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4) | (5.) \$ | (20.) \$ |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | \circ | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ | (21.) \$ |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ | (22.) \$ |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ | (23.) \$ |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements a. Itemized (Schedule 1C, Column 6) | (10a.) \$ | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.)\$ | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) \$ | (24.) \$ |
| DEBTS AND OBLIGATIONS 12. Debts and Obligations | (12a.)\$ | |
| a. Owed by the Committee (Schedule 1E) | (124.) 4 | ; |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ BALANCE STATEMENT | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE | (13.) \$ | · - - |
| (Add lines 9 and 11) | | * |

^{*}If your ending balance is negative, please recheck your math.